

EXHIBIT A

CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Maryland Department of Health
Division of Vital Records

320200477310000

Certificate of Death

File Number *32020MD047728*

1. Decedent's Name, AKA Name (if any) MARY FRANCES WAGLEY		2. Date of Death 11/01/2020		3. Time of Death 1029	
4a. Facility Name [REDACTED]		4b. City, Town or Location of Death COCKEYSVILLE		4c. County of Death BALTIMORE	
5. Social Security Number [REDACTED]	6. Sex F	7. Age 93 YR	8. Date of Birth [REDACTED] 927	9. Birthplace NEW YORK	
10a. State MARYLAND		10b. County BALTIMORE		10c. City, Town or Location COCKEYSVILLE	
10d. Inside City Limits? NO		10e. Address [REDACTED]			
10f. Zip Code 21030--					
11. Marital Status WIDOWED (AND NOT REMARRIED)		12. Ever in U.S. Armed Forces? NO		13. Hispanic Origin? NO	
14. Race WHITE					
15. Decedent's Education DOCTORATE OR PROFESSIONAL		16a. Decedent's Usual Occupation EDUCATOR		16b. Business/Industry EDUCATION	
17. Father's Name JAMES CASH PENNEY		18. Mother's Name Prior to First Marriage CAROLINE BERTHA AUTENRIETH			
19. Surviving Spouse's Name					
20a. Informant's Name MARY WAGLEY COPP		20b. Informant's Relationship CHILD		20c. Informant's Mailing Address [REDACTED]	
21a. Method of Disposition CREMATION		21b. Place of Disposition METRO CREMATORY INC.		21c. Date of Disposition 11/03/2020	
21d. Location 299 FREDERICK ROAD -, BALTIMORE, MARYLAND 21228--					
22a. Signature of Funeral Service Licensee DENNIS STEPHEN XENAKIS		22b. License No M00640		22c. Name and Address of Funeral Facility MITCHELL-WIEDEFELD FUNERAL HOME INC. 6500 YORK ROAD -, BALTIMORE, MD 21212--	
23a. Part I. Disease, injuries, or complications that directly caused the death ATHEROSCLEROTIC VASCULAR DISEASE				Approximate Interval Between Onset and Death YEARS	
Immediate Cause (final disease or condition resulting in death) a. Due to (or as a consequence of): HYPERTENSION				YEARS	
Conditions, if any, leading to immediate cause b. Due to (or as a consequence of):					
c. Due to (or as a consequence of):					
d. Due to (or as a consequence of):					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause in Part I GLAUCOMA, OSTEOARTHRITIS, MACULAR DEGENERATION				23b. Did tobacco use contribute to the cause of death? NO	
24a. Was an autopsy performed? NO	24b. Were autopsy findings available prior to completion of cause of death? NO	25a. Was case referred to medical examiner? NO	25b. Medical Examiner Countersignature		
26. Place of Death HOME		27. Manner of Death NATURAL		28a. Date of Injury	28b. Time of Injury
28c. How injury occurred		28d. Injury at work?	28e. Transportation Injury?	28f. Place of injury	
28g. Location of Injury					
29a. Certifier Type CERTIFYING PHYSICIAN		29b. Signature and Title of Certifier ANNA MONIAS, MD		29c. License No D58646	29d. Date signed 11/02/2020
30a. Name of person who completed cause of death ANNA TOVAH MONIAS		30b. Address of person who completed cause of death 6701 NORTH CHARLES STREET 4105, TOWSON, MARYLAND 21204			
For Office Use Only:					
31. Date Filed 11/02/2020	32. Registrar at Filing CRYSTAL D. WEAVER	33. Date Issued 11/05/2020	34. This is to certify that this is a true and correct copy of the official record on file in the office of the Maryland Division of Vital Records. Registrar's Signature <i>Crystal D. Weaver</i>		

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DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL
OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE